## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS

## **COVER PAGE**

Please type or print in ink.

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Henning	Patrick	William	( 916 ) 654-8210
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
800 Capitol Mall, MIC 83	Sacramento	CA 95814	
1. Office, Agency, or Court		4. Schedule Summary	
Name of Office, Agency, or Court:		<ul> <li>Total number of pages including this cover page: n/a</li> <li>Check applicable schedules or "No reportable</li> </ul>	
Employment Development Department  Division, Board, District, if applicable:			
		interests."	5990
Your Position:		I have disclosed interests on one or more of the attached schedules:	
Director  → If filing for multiple positions, list additional agency(ies)/		Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)	
position(s): (Attach a separate sheet if necessary.)		Schedule A-2  Yes – schedule attached Investments (10% or greater Ownership)  Schedule B  Yes – schedule attached Real Property	
Agency: California Workforce Investment Board			
Position: Member			
		Schedule C Yes - schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
2. Jurisdiction of Office (Check at least one box)			
State     County of			- schedule attached
City of		Income – Gifts	achadula ettachad
☐ Multi-County		Schedule E Yes – schedule attached  Income – Travei Payments	
Other		-	or-
		No reportable interes	sts on any schedule
3. Type of Statement (C)	heck at least one box)		
☐ Assuming Office/Initial □	Date:/	5. Verification	
Annual: The period covered through December 31, 2007.	is January 1, 2007,	I have used all reasons	ble diligence in preparing this
-or-	100	my knowledge the informa	d this statement and to the best of ation contained herein and in any
O The period covered is December 31, 2007.	_//, through	attached schedules is true	000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Leaving Office Date Left:/		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
O The period covered is January 1, 2007, through the date of leaving office.  -Or-		Date Signed 746	(month, day, year)
O The period covered is the date of leaving office.	/, through	Signature	_
Candidate			FPPC Form 700 (2007/2008)
VIVIE ASSESSE 3.7.1500.8		F	PPC Toll-Free Helpline: 866/ASK-FPPC